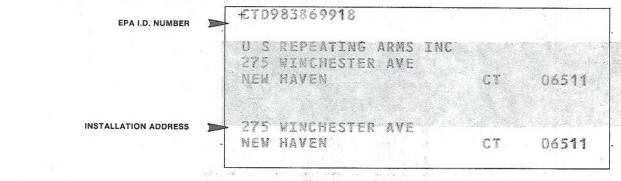


## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)

11/23/88

## REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 983869918 Company Name: U S REPEATING ARMS INC Company Name: NEW HAVEN

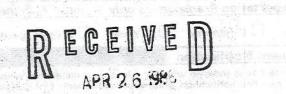
SECTION/ITEM TO BE CHANGED		CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS	
I.	Name of Installation	3			
II.	Location of Installation				
III.	Mailing Address of Installation				
IV.a.	Installation Contact's Name	ROBERT HEIDGERD	CHERYL L MANN	PER 94 FEE PAYMEN	
b.	Installation Contact's Title				
c.	Installation Contact's Phone		-		
V.a.	Ownership				
b.	Property Owner				
VI.	Status		Change Status to:		
	Originally notified as: (please circle) SQG ( <100 kg/month )				
	SQG (100 -	1000 kg/month)			
	Generator (	>1000 kg/mth)			
Transporter					
	T/S/D Facil	ity			

Form Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-OT

United States Environmental Pro Washington, DC 204		Please refer to the Instructions for Filing Notification before completing
SEPA Notification of Hazardous	s Waste Activity	this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).
For Official Use Only	<b>美国共和国共和国共和国</b>	A. (我们是李祖 <b>计数以为</b>
	ments	
c c		
CTD Installation's EPA ID Number	Approved (yr. mo.	ved day)
E + 1056798361 T/A C	8804	O ZNEWSHAVEN
I. Name of Installation		
U S REPEATING A	KMS IINC	
II. Installation Mailing Address	P.O. Box	
6275 WINCHESTOD	AVE	
City or Town		State ZIP Code
SNEW HAVEN		CT 06511
III. Location of Installation		
	oute Number	
SAME SAME		
City or Town		State ZIP Code
6		
IV. Installation Contact		· · · · · · · · · · · · · · · · · · ·
Name and Title (last, first, and job title)	Pho	ne Number (area code and number)
THE DEERD KOBER	7 20	37895862
V. Ownership  A. Name of Installation's Legal Owner		B. Type of Ownership (enter code)
C I NI COCV		P
VI. Type of Regulated Waste Activity (Mark 'X' in the app	propriate boxes. Refer to ins	tructions.)
A. Hazardous Waste Activity		il Fuel Activities
1a. Generator	6. Off-Specification Used Oil	l Fuel priate boxes below)
2. Transporter 3. Treater/Storer/Disposer	a. Generator Market	
4. Underground Injection	☐ b. Other Marketer	
5 Market or Burn Hazardous Waste Fuel	C. Burner	
(enter 'X' and mark appropriate boxes below)  a. Generator Marketing to Burner	7. Specification Used Oil Fu	el Marketer (or On site Burner)
☐ b. Other Marketer	Who First Claims the Oil	Meets the Specification
c. Burner	D DESCRIPTION OF THE PROPERTY	Salar Land
VII. Waste Fuel Burning: Type of Combustion Device (enterwhich hazardous waste fuel or off-specification used oil fuel is burned. S	er 'X' in all appropriate boxes to ind See instructions for definitions of c	icate type of combustion device(s) in ombustion devices.)
☐ A. Utility Boiler ☐ B. Industria		ndustrial Furnace
VIII. Mode of Transportation (transporters only — enter '.	X' in the appropriate box(es	
☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Ot	her (specify)	
IX. First or Subsequent Notification		51、1911年1月1日中華
Mark 'X' in the appropriate box to indicate whether this is your install notification. If this is not your first notification, enter your installation's E	ation's first notification of hazard PAID Number in the space provid	ous waste activity or a subsequent ed below.
		stallation's EPA ID Number
A. First Notification B. Subsequent Netification (complete ite	m C)	

a as a series of a	lin and the	V	Version of the control of the contro	250	1. 174 0
	azardous Wastes (co		10.055.0	201 21 for each listed has	ardous waste
Hazardous Wastes for from nonspecific sour	om Nonspecific Sources ces your installation hand	Enter the four-digit num les. Use additional sheet	s if necessary.	261.31 for each listed haz	ardous waste
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	-1 115 1 5 5	2000 5	10.050.0 + 261	22 for each listed borords	uc waste from
lazardous Wastes fro specific sources your	om Specific Sources. En installation handles. Use	ter the four-digit number additional sheets if neces	ssary.	.32 for each listed hazardo	Jus waste nom
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25	26	27	28	29	
					And Land
ommercial Chemic	al Product Hazardous Wa dles which may be a hazar	estes. Enter the four-digit	number from 40 CFR	Part 261.33 for each cher	nical substance
	32	33 3	34	35	36
31			1 4 6		
					42
37	38	39	40	41	42
43	44	45	46	47	48
isted Infectious Wa	estes. Enter the four-digit	number from 40 CFR Par	t 261.34 for each haza	ardous waste from hospita	ls, veterinary hos-
itals, or medical and	d research laboratories you	ur installation handles. U	se additional sheets if	necessary.	
49	50	51	52	53	54
					The second secon
Characteristics of Nour installation hand	dles. <i>(See 40 CFR Parts 26</i> ble	es. Mark 'X' in the boxes 51.21 — 261.24)  2. Corrosive (D002)	corresponding to the		d hazardous wastes  4. Toxic (D000)
Certification				· 學院的學科學 / 4	
I certify under p this and all atta	ched documents, and formation I believe th	d that based on my I hat the submitted info	nquiry of those in ormation is true, ac	liar with the informat dividuals immediately ccurate, and complete e possibility of fine an	e. I am aware that
The state of the s			cial Title (type or print		Signed
Solverte	ul rédicer	& Robert V	v. Heidgerd	Assit Suptil 4,	12/88
A Form 8700-12 (R	lev. 11-85) Reverse			A AVENUE	

ID — For Official Use Only



HAZARDOUS MATERIALS MANAGEMENT UNIT

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## Form Approved. OMB No. 2050-0023. Expire: 9-30-88. GSA No. 0246-EPA-01 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Please refer to the *Instructions for Filing Notification* before completing this form. The information requested United States Environmental Protection Agency Washington, DC 20460 here is required by law (Section 3010 of the Resource Conservation **Notification of Hazardous Waste Activity** and Recovery Act). For Official Use Only Comments C C Date Received Installation's EPA ID Number Approved mo. C C F I. Name of Installation Installation Mailing Address Street or P.O. Box ZIP Code State City or Town Location of Installation Street or Route Number C 5 State ZIP Code City or Town C IV. Installation Contact Phone Number (area code and number) Name and Title Wast, first, and job title) Ownership B. Type of Ownership (enter code) A. Name of Installation's Legal Owner VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) **B.** Used Oil Fuel Activities A. Hazardous Waste Activity 6. Off-Specification Used Oil Fuel 1b. Less than 1,000 kg/mo. 1a. Generator (enter 'X' and mark appropriate boxes below) 2. Transporter a. Generator Marketing to Burner 3. Treater/Storer/Disposer b. Other Marketer 4. Underground Injection 5. Market or Burn Hazardous Waste Fuel C. Burner (enter 'X' and mark appropriate boxes below) 7. Specification Used Oil Fuel Marketer (or On site Burner) a. Generator Marketing to Burner Who First Claims the Oil Meets the Specification b. Other Marketer C. Burner VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) C. Industrial Furnace B. Industrial Boiler A. Utility Boiler VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) ☐ E. Other (specify) D. Water B. Rail C. Highway

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

■ B. Subsequent Notification (complete item C) A. First Notification

C. Installation's EPA ID Number

Description of Hazar			ID — For Official Use Only			
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azardous Wastes from N	doue Wastes (co			S. A. C. S.	Date your	
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om nonspecific sources ye	our installation handle	es. Use additional sheet	s if necessary.			
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azardous Wastes from S	pecific Sources. Ente	er the four-digit number	from 40 CFR Part 261.	.32 for each listed hazard	lous waste from	
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	Enter the four-digit	number from 40 CFR Pa	rt 261 34 for each haze	ardous waste from hospit		
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pitals, or medical and rese	earch laboratories you	ir installation handles. U	Jse additional sheets if	necessary.	als, veterinary hos-	
Listed Infectious Wastes bitals, or medical and reso	earch laboratories you	ir installation handles. C	JSE additional sheets in	Tiecessury.		

EPA Form 8700-12 (Rev. 11-85) Reverse



HAZARDOUS MATERIALS MANAGEMENT UNIT